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	chigan Department of Treasury 72 (Rev. 0 <mark>9-24</mark>)		Draft 9/10/2	2024			4
	024 MICHIGAN I				ax Payment		-
	O NOT MAIL TO TREAS	•			direct debit request include	ed in the Michigan and/or City	1
of I	Detroit electronic return submi	ission. Do not	use Form 5472 to make pa				[
	. Filer's First Name	M.I.	Last Name		2. Filer's Full Social Security	y No. (Example: 123-45-6789)	·
	a Joint Return, Spouse's First Nar	me M.I.	Last Name		3. Spouse's Full Social Sect	urity No. (Example: 123-45-6789)	
Su	ubmission Identification Number						- - -
DI	RECT DEBIT DETAILS						
	Name of Financial Institu	ıtion					
	5. Routing Transit Number (RTN)					
	Account Number						
	7. Type of Account		(a) Checking	(b) Savings			
	Paguasted Dabit Data (M.)	M DD VVVV					
	Requested Debit Date (M	M-DD-YYYY)			Γ		
9. State Individual Income Tax Payment					9.	00	
1	10. City of Detroit Individual I	ncome Tax Pa	yment		10.	00	
1	11. Total. Add lines 9 and 10			DEB	IT AMOUNT 11.	00	
DI	RECT DEBIT AUTHOR	IZATION					
Su	Ibmitting the return through e designated financial agent to	e-file, and incl					
Mid	ichigan and/or City of Detroit	taxes owed o	on this return. The author	ization is valid for this	transaction only.		Ì
allo	tne event tne payment is ret owed by law. Penalty and int a city return.					up to the maximum amount return or extended due date	
	•						
						6667777777777788	8
1 5 6 7	7 8 9 0 1 2 3 4 5 6 7 8 9 0 1	2 3 4 5 6 7 8	9012345678901	[2]3]4[5]6[7]8[9]0[1]2[3 4 5 6 7 8 9 0 1 2 3 4 5 6	6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1	2